

EXHIBIT 112

Cheyenne, WY

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UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

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In re: PHARMACEUTICAL INDUSTRY) MDL No. 1456
AVERAGE WHOLESALE PRICE) Master File No.
LITIGATION) 01-CV-12257-PBS

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United States of America ex rel.) Hon. Patti B. Saris
Ven-A-Care of the Florida Keys,)
Inc., et al. v. Dey, Inc., et) 30(b)(6) VIDEO
al., Civil Action No.) DEPOSITION OF
05-11084-PBS, and United States) NONPARTY STATE OF
of America ex rel. Ven-A-Care of) WYOMING DEPARTMENT
the Florida Keys, Inc., et al.) OF HEALTH by and
v. Boehringer Ingelheim Corp.,) through ROXANNE
et al., Civil Action No.) HOMAR
07-10248-PBS, and U.S. ex rel.)
Ven-A-Care of the Florida Keys,) VOLUME II
Inc., v. Abbott Laboratories,) DECEMBER 3, 2008
Inc., Nos. 06-CV-11337-PBS and) CHEYENNE, WYOMING
07-CV-11618-PBS)

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<p>1 Pursuant to Notice and the Federal Rules 2 of Civil Procedure, the 30(b)(6) deposition of 3 NONPARTY STATE OF WYOMING DEPARTMENT OF HEALTH, by 4 and through ROXANNE HOMAR, Volume II, taken by 5 Defendants, was held at 9:09 a.m., on Wednesday, 6 December 3, 2008, at 2800 W. Lincolnway, Cheyenne, 7 Wyoming, before Jason T. Meadors, Registered 8 Professional Reporter, Certified Realtime Reporter, 9 and Notary Public for the State of Colorado. 10 11 12 13 14 15 16 17 18 19 20 21 22</p>	<p>1 A P P E A R A N C E S : (CONTINUED) 2 3 For Defendants Dey, Inc., Dey, L.P., Inc., and 4 Dey, L.P. 5 6 Lisa Khandhar, Esq. 7 Kelley Drye & Warren, LLP 8 101 Park Avenue 9 New York, NY 10178 10 (212) 808-7800 11 12 13 For Defendant Abbott Laboratories, Inc. 14 (By phone) 15 16 Tara A. Fumerton, Esq. 17 Jones Day 18 77 West Wacker Drive 19 Chicago, IL 60601 20 (312) 269-4335 21 22 (CONTINUED)</p>
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<p>1 A P P E A R A N C E S : 2 3 For Plaintiff-Relator Ven-A-Care of the Florida 4 Keys, Inc. 5 6 Susan Schneider Thomas, Esq. 7 Berger & Montague, P.C. 8 1622 Locust Street 9 Philadelphia, PA 19103 10 (215) 875-3000 11 12 For Defendants Boehringer Ingelheim Corp., 13 Boehringer Ingelheim Pharmaceuticals, Inc., 14 Boehringer Ingelheim Roxane, Inc., and Roxane 15 Laboratories, Inc. 16 17 Miriam Lieberman, Esq. 18 Kirkland & Ellis, LLP 19 200 East Randolph Drive 20 Chicago, IL 60601 21 (312) 861-2000 22</p>	<p>1 A P P E A R A N C E S : (CONTINUED) 2 3 For State of Wyoming Medicaid and Roxanne Homar 4 5 K. Shaun Wilkerson, Esq. 6 State of Wyoming 7 Attorney General's Office 8 123 Capitol Bldg. 9 Cheyenne, WY 82002 10 (307) 777-3730 11 12 13 Also present: 14 15 Jennifer Kemper, Videographer 16 17 18 19 20 21 22</p>

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<p>1 PROCEEDINGS</p> <p>2</p> <p>3 VIDEOGRAPHER: This is the videotape</p> <p>4 deposition of Roxanne Homar, taken in the matter</p> <p>5 of United States of America ex rel. Ven-A-Care of</p> <p>6 the Florida Keys, Incorporated, et al., versus</p> <p>7 Dey, Incorporated, et al., Civil Action Number</p> <p>8 05-11084-PBS, and the United States of America ex</p> <p>9 rel. Ven-A-Care of the Florida Keys,</p> <p>10 Incorporated, et al., versus Boehringer Ingelheim</p> <p>11 Corp., et al., Civil Action Number 07-10248-PBS -</p> <p>12 - excuse me -- taken on December 3rd, 2008, at</p> <p>13 9:09 a.m., taken at the Little America in</p> <p>14 Cheyenne, Wyoming.</p> <p>15 The court reporter is Jason Meadors,</p> <p>16 and the videographer is Jennifer Kemper, for</p> <p>17 Henderson Legal Services.</p> <p>18 Counsel, please introduce yourselves</p> <p>19 and state your appearances.</p> <p>20 MS. LIEBERMAN: This is Miriam</p> <p>21 Lieberman with Kirkland & Ellis, representing</p> <p>22 Roxane Laboratories, Inc., and certain other</p>	<p>1 A. The Department of Health.</p> <p>2 Q. Okay. And the particular office that</p> <p>3 does the program administration?</p> <p>4 A. The Office of Health Care Financing.</p> <p>5 Q. And the office of Medicaid is what?</p> <p>6 A. One of the offices under the Office of</p> <p>7 Health Care Financing, along with our Office of</p> <p>8 Pharmacy Services.</p> <p>9 Q. Now, in addition to reining in prices</p> <p>10 for pharmaceuticals as one of the jobs that you</p> <p>11 pursue, how else do you attempt to -- or does the</p> <p>12 Wyoming Medicaid program attempt to manage its</p> <p>13 pharmaceutical budget?</p> <p>14 MS. LIEBERMAN: Objection.</p> <p>15 A. We have a whole number of tactics or</p> <p>16 types of programs that we do. It's kind of like</p> <p>17 the spokes on a wheel. I guess I would say we</p> <p>18 have a prior authorization program associated</p> <p>19 with our preferred drug list. We have things</p> <p>20 regarding reimbursement. We have utilization</p> <p>21 programs that look at not only -- we have drug</p> <p>22 utilization review, and through that, we have</p>

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<p>1 know there aren't the broad swings in -- in the</p> <p>2 difference between the acquisition and the</p> <p>3 published AWP.</p> <p>4 Q. So Wyoming knows that AWP, even for</p> <p>5 branded drugs, does not represent an actual</p> <p>6 average of prices but instead represents some</p> <p>7 published price that is higher than the actual</p> <p>8 average prices paid by providers; is that</p> <p>9 correct?</p> <p>10 MS. THOMAS: Objection to form.</p> <p>11 A. I'll need you to repeat that question.</p> <p>12 MS. FUMERTON: Could you please read</p> <p>13 back the question? The court reporter?</p> <p>14 (Last question read.)</p> <p>15 A. You're not stating a correct statement,</p> <p>16 in my opinion. There is a -- a ceiling that is</p> <p>17 recognized with AWP in relation to brand name</p> <p>18 drugs. That same ceiling does not hold in</p> <p>19 reference to generic drugs.</p> <p>20 Q. (By Ms. Fumerton) What is the ceiling</p> <p>21 that's -- that you're referring to with respect</p> <p>22 to branded drugs?</p>	<p>1 discounted a certain amount off of AWP for its</p> <p>2 reimbursement, correct?</p> <p>3 A. Yes, that is correct.</p> <p>4 Q. And Wyoming did that because it</p> <p>5 understood that AWP, the published AWP, did not</p> <p>6 actually represent the prices that were being</p> <p>7 paid by providers; is that correct?</p> <p>8 MS. THOMAS: Objection to form.</p> <p>9 MS. WILKERSON: Objection.</p> <p>10 A. We understood it to represent an</p> <p>11 average.</p> <p>12 Q. (By Ms. Fumerton) So you understood</p> <p>13 that AWP represented an average price and that</p> <p>14 Wyoming, by discounting it by 4 percent, intended</p> <p>15 to reimburse providers, on average, of 4 percent</p> <p>16 below their cost for ingredients, for the cost of</p> <p>17 the drug?</p> <p>18 A. That reference of discounting it off 4</p> <p>19 percent, I don't think, ever represented a cost</p> <p>20 for the drug. It was the -- the discount was off</p> <p>21 the average wholesale price. If it was off -- if</p> <p>22 you're saying cost to the pharmacies -- that's</p>
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<p>1 A. It is recognized that there aren't</p> <p>2 broad swings in the difference between</p> <p>3 acquisition costs and published AWP and brand</p> <p>4 name drugs.</p> <p>5 Q. But you do recognize for even branded</p> <p>6 drugs that AWP is higher than the acquisition</p> <p>7 cost providers, correct?</p> <p>8 MS. THOMAS: Objection to form.</p> <p>9 A. Generally, I think I answered that</p> <p>10 question yes.</p> <p>11 Q. (By Ms. Fumerton) When did you first</p> <p>12 become aware that AWP, the published AWP, was</p> <p>13 higher than acquisition costs for branded drugs?</p> <p>14 MS. THOMAS: Objection to form.</p> <p>15 A. I don't have a particular time, but I</p> <p>16 know I became aware of it. Again, it was an</p> <p>17 evolutionary process trying to figure out and</p> <p>18 understand the complicated world of pricing, as</p> <p>19 driven by manufacturers.</p> <p>20 Q. (By Ms. Fumerton) Well, Wyoming</p> <p>21 Medicaid, at least for the time period of 1991 to</p> <p>22 the present, to your knowledge, has always</p>	<p>1 what I understood you to say. Is that what you</p> <p>2 meant?</p> <p>3 Q. Right. And that's -- and you said</p> <p>4 there's a difference, because average wholesale</p> <p>5 price has never represented the actual average</p> <p>6 wholesale price to that provider to pay, correct?</p> <p>7 A. You have to speak about it in different</p> <p>8 terms between brands and generics.</p> <p>9 Q. Well, I thought we just established</p> <p>10 that for -- even for branded drugs, that you</p> <p>11 expected that AWP would be higher than the</p> <p>12 average price that was being paid by a provider.</p> <p>13 A. Right, with a ceiling. We didn't see</p> <p>14 that same thing in generics. We saw broad swings</p> <p>15 in generics.</p> <p>16 Q. But AWP has always, in your view,</p> <p>17 represented a price that was going to be higher</p> <p>18 than the price that was paid by providers,</p> <p>19 correct?</p> <p>20 A. To some degree. And with wide</p> <p>21 variation.</p> <p>22 Q. Now, are you familiar with the fact</p>

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